

ART. VIII. *Case of Labour*. By ASHBEL WOODWARD, M. D. of Franklin, Connecticut.

THE subject of this communication is a Mrs. J. M. aged twenty-eight, delicate, of small stature, and narrow pelvis; on the 8th of last February, (1831,) in the eighth month of pregnancy with her first child, she had a fall, from which she sustained considerable injury, particularly in the region of the loins. She continued, however, to recover from the immediate effects of the accident without medical aid till the evening of the 11th, when after a day of unusually hard exercise, she was seized with pretty regular *pains*, which became considerable, and she was taken with *uterine hæmorrhage*, which gave alarm, and I was sent for. When I arrived the pains had mostly subsided, but learning that the hæmorrhage had been considerable, I thought it adviseable to make an examination. I found the os uteri high up against the sacrum and very little dilated—the head of the child was resting upon the superior strait of the pelvis. Judging that she might, with prudence, go to the full period of utero-gestation, I enjoined rest, with an antiphlogistic regimen, and left her. Under this course she so far recovered as to attend after a few days to some trivial domestic duties.

On the 3d of March I was again sent for, and on arriving, learnt that the previous day she had walked to a neighbouring house, over a very bad road, that after returning home she had had a sick night, and that early in the morning her *waters* had escaped. The abdominal tumour had now considerable subsided. Although she had very little pain at this time, I made an examination, and found that the situation of the os tincæ had not materially changed since the first examination. The mouth of the uterus would merely admit the end of the finger.

She continued to discharge her waters till the evening of the 10th, or more than a week from the commencement of the evacuation. During the whole period there was a constant dribbling and a part of the time the discharge was profuse. Towards the close it appeared muco-purulent, and was somewhat offensive. There was considerable general debility induced by the evacuation, particularly a sense of weakness in the back. During this time very little change took place in the position or condition of the uterus, though irregular pains occurred daily.

On the 10th, at sunset, (more than one week from the rupture of the membranes,) the pains became regular and striving. The os

uteri now descended, was dilated to an inch in diameter, and without tension. After the mouth of the womb had acquired this degree of dilatation, the pains, though apparently severe, had very little effect upon it further, not seeming to tighten it much during their recurrence, by reason of the head's resting upon the superior strait of the pelvis, which was rather narrow. The presentation was the first of the natural head presentations.

This state of things continued till the next midnight, or about *thirty hours*, without effecting any material change. At times it would seem from the character of the pains that we might expect a speedy termination of labour, and then they would become irregular and finally subside. Up to this time the bowels had been kept free, there had been no permanent difficulty in making water, the system had not required reducing, nor indeed much support further than simple unirritating nourishment.

At 1 o'clock A. M. of the 12th, she was seized with cramps in her lower extremities, had a severe pain in her back, and became very restless. There being now little prospect of a speedy termination of labour, I requested that Dr. KNIGHT might see my patient in consultation. Before he arrived I gave forty drops of laudanum. This relieved the cramp to some extent, afforded a little temporary repose, and gave some regularity to the pains.

In consultation it was agreed to wait still further without interference, as the system was not sinking, and as there was no apparent resistance on the part of the pelvis, (though narrow,) which might not be overcome by the unassisted efforts of nature.

We accordingly waited till 2 o'clock P. M. during which period the pains were most of the time hard, but they did not advance labour otherwise than to increase the dilatation of the os uteri. The pains now subsiding, and the strength becoming exhausted, and as the head was not in a situation for the use of the forceps, and as nothing was wanting but powerful expulsive efforts of the uterus to accomplish delivery, the os tincæ being well dilated and yielding, we resolved to try the *ergot*. I would here remark that wine and cordials were now given to keep the system from flagging, but with transient good effect. The *ergot* was now administered in infusion in three grain doses, and repeated every five minutes till half a drachm was given. This produced nausea, and a part of it was rejected by the stomach. It also renewed the uterine pains which now became more frequent, but did not as before leave an interval of repose. Desirous of pushing the remedy as far as practicable, the same

quantity was subsequently given, though at longer intervals between the doses. This also excited vomiting, but increased the action of the uterus till a permanent and tonic contraction was the consequence. The uterus so firmly embraced its contents, and descended so far into the pelvis, that the abdominal tumefaction in a degree disappeared, subsiding into a tumour very unyielding to the feel. The head was engaged in the superior strait and immoveable. The os uteri became very much diminished in size, even to one-third its dimensions before the administration of the ergot and very rigid.

Some of the other effects of the medicine were constant and intense pain in the back and lower extremities, great general suffering and restlessness. This condition of the case continued from 6 o'clock P. M. till 11, or five hours, without any intermission or amendment.

The only change that took place was a gradual failure of the powers of the system.

At this critical juncture a favourable termination of the case was almost hopeless and quite unexpected. The contraction of the uterus was of such a character as to offer an almost insuperable objection to the use of the crotchet. In addition to this, it seemed quite apparent that the patient could not endure the operation; therefore as a dernier resort we resolved to try opiates. Accordingly one hundred and fifteen drops of laudanum were given at three times in one hour and twenty minutes, it being given in divided doses in consequence of the irritability of the stomach. It allayed the suffering of the patient to such an extent that a sleep of two hours continuance was induced. She was aroused from this by the return of regular and very efficient labour pains, which in *one hour and thirty minutes* more terminated labour by the birth of a living child.

The opium completely removed all the unpleasant symptoms which had supervened subsequent to the administration of the ergot, and a restoration of the natural action of the uterus was the consequence.

What agency the ergot had in forwarding or retarding parturition in this particular instance I will leave for my readers to decide.

In relation, however, to one point, I would make a single remark further. Considering the state of labour at the time the laudanum was given, the condition of the whole uterus, but more particularly the rigid and contracted state of the os tincæ, the fixed situation of the head having, as before remarked, merely engaged in the pelvis, and the sinking of the system, we have the most satisfying evidence that *delivery* could not have been accomplished by the ergot alone.

Neither indeed am I prepared to say that opium alone would have been fully adequate, though it is a medicine upon which I should place great reliance under similar circumstances.

*Franklin, Conn. May, 1831.*

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ART. IX. *Contributions to the Pathology of Infantile Convulsions.* By WILLIAM E. HORNER, M. D. Adjunct Professor of Anatomy in the University of Pennsylvania.

CASE I.—Ellen, aged four years, a fine healthy child, with dark eyes and hair, the daughter of the Right Rev. Henry U. Onderdonk, had a slight cough, but not sufficient to keep her from infant school, on Monday, the 10th of May, 1831. The next morning on waking she was feverish, and her mother gave her a dose of calcined magnesia. I saw her at 4 o'clock P. M.; her symptoms then were hot skin, full, frequent pulse, and a slight uneasiness in the abdomen. In the forenoon her head had pained her somewhat, but when I saw her the pain had ceased. She was entirely collected, and answered distinctly and promptly to the questions put to her; her tongue was slightly furred. Upon close inquiry in regard to every region of the body I was not able to distinguish any particular local complaint. After my visit she conversed with her mother, and requested her to sing a song for her, to which the child was attached. I ordered a dose of castor oil which she took.

At 5 o'clock she was seized suddenly and without premonition, with universal convulsions, extending over the whole muscular system, incessant violent rolling of the eyes, laboured respiration with frothing at the mouth and perfect insensibility. Dr. E. J. COXE being at hand was sent for. He had two cups applied on each temple, a warm bath for fifteen minutes, and then sinapisms to the extremities. He also ordered an injection, the active ingredient of which was assafoetida; this was discharged after a few minutes.

At 7 o'clock I saw the child and had a vein in the arm opened, from which I took four ounces of blood; after a short time, about one hour, the convulsions were much mitigated and the respiration improved, but the insensibility continued with pupils contracted. At 8 o'clock a blister was applied between the shoulders; after having wrapped her in a blanket dipped in warm water, which was kept around her for half an hour, and produced a copious perspiration.